



General Assembly

February Session, 2006

Raised Bill No. 5790

LCO No. 2891

02891_____PH_

Referred to Committee on Public Health

Introduced by:
(PH)

AN ACT CONCERNING ACCESS TO ORAL HEALTH CARE.

Be it enacted by the Senate and House of Representatives in General Assembly convened:

1 Section 1. Section 17b-282b of the general statutes is repealed and
2 the following is substituted in lieu thereof (*Effective from passage*):

3 (a) Not later than July 1, 2004, and prior to the implementation of a
4 state-wide dental plan that provides for the administration of the
5 dental services portion of the department's medical assistance, the
6 Commissioner of Social Services shall amend the federal waiver
7 approved pursuant to Section 1915(b) of the Social Security Act. Such
8 waiver amendment shall be submitted to the joint standing committees
9 of the General Assembly having cognizance of matters relating to
10 human services and appropriations and the budgets of state agencies
11 in accordance with the provisions of section 17b-8.

12 (b) Prior to the implementation of a state-wide dental plan that
13 provides for the administration of the dental services portion of the
14 department's medical assistance program, the Commissioner of Social
15 Services shall review eliminating prior authorization requirements for
16 basic and routine dental services. In the event the commissioner adopts

17 regulations to eliminate such prior authorization requirements, the
18 commissioner may implement policies and procedures for the
19 purposes of this subsection while in the process of adopting such
20 regulations, provided the commissioner prints notice of intention to
21 adopt the regulations in the Connecticut Law Journal not later than
22 twenty days after implementing the policies and procedures.

23 (c) The Commissioner of Social Services shall establish a fee
24 schedule, to be effective from July 1, 2006, to July 1, 2008, for dental
25 services provided under the medical assistance program to children
26 under the age of thirteen. The schedule shall provide for a fee for each
27 dental service that is equal to seventy per cent of the average insurance
28 reimbursement for such dental service in this state.

29 (d) The Commissioner of Social Services shall evaluate whether the
30 fee schedule established pursuant to subsection (c) of this section
31 results in improved access to oral health care for medical assistance
32 recipients under the age of thirteen and shall submit a report of the
33 evaluation, along with any recommendations, not later than December
34 31, 2007, to the joint standing committees of the General Assembly
35 having cognizance of matters relating to human services and public
36 health, in accordance with the provisions of section 11-4a.

37 Sec. 2. Section 17b-296 of the general statutes is repealed and the
38 following is substituted in lieu thereof (*Effective from passage*):

39 (a) Each managed care plan shall include sufficient numbers of
40 appropriately trained and certified clinicians of pediatric care,
41 including primary, medical subspecialty and surgical specialty
42 physicians, as well as providers of necessary related services such as
43 dental services, mental health services, social work services,
44 developmental evaluation services, occupational therapy services,
45 physical therapy services, speech therapy and language services,
46 school-linked clinic services and other public health services to assure
47 enrollees the option of obtaining benefits through such providers.

48 (b) Each managed care organization that on or after October 1, 2001,
49 enters into a contract with the department to provide comprehensive
50 services under the HUSKY Plan, Part A or the HUSKY Plan, Part B, or
51 both, shall have primary responsibility for ensuring that its behavioral
52 health and dental subcontractors adhere to the contract between the
53 department and the managed care organization, including the
54 provision of timely payments to providers and interest payments in
55 accordance with subdivision (15) of section 38a-816, as amended. The
56 managed care organization shall submit to the department a claims
57 aging inventory report including all data on all services paid by
58 subcontractors in accordance with the terms of the contract with the
59 department.

60 (c) Upon the initial contract or the renewal of a contract between a
61 managed care organization and a behavioral health or dental
62 subcontractor, the department shall require that the managed care
63 organizations impose a performance bond, letter of credit, statement of
64 financial reserves or payment withhold for behavioral health and
65 dental subcontractors that provide services under the HUSKY Plan,
66 Part A or the HUSKY Plan, Part B, or both. Any such performance
67 bond, letter of credit, statement of financial reserves or payment
68 withhold that may be required by the department pursuant to a
69 contract with a managed care organization shall be in an amount
70 sufficient to assure the settlement of provider claims in the event that
71 the contract between the managed care organization and the
72 behavioral health or dental subcontractor is terminated. Upon the
73 initial contract or the renewal of a contract between a managed care
74 organization and a behavioral health or dental subcontractor, the
75 managed care organization shall negotiate and enter into a contract
76 termination agreement with its behavioral health and dental
77 subcontractors that shall include, but not be limited to, provisions
78 concerning financial responsibility for the final settlement of provider
79 claims and data reporting to the department. The managed care
80 organization shall submit reports to the department, at such times as
81 the department shall determine, concerning any payments made from

82 such performance bond or any payment withholds, the timeliness of
83 claim payments to providers and the payment of any interest to
84 providers.

85 (d) Prior to the approval by the department of a contract between a
86 managed care organization and a behavioral health and dental
87 subcontractor for services provided under the HUSKY Plan, Part A or
88 the HUSKY Plan, Part B, or both, the managed care organization shall
89 submit a plan to the department for the resolution of any outstanding
90 claims submitted by providers to a previous behavioral health or
91 dental subcontractor of the managed care organization for services
92 provided to members enrolled in the HUSKY Plan, Part A or the
93 HUSKY Plan, Part B, or both. Such plan for the resolution of
94 outstanding claims shall include a claims aging inventory report and
95 shall comply with the terms of the contract between the department
96 and the managed care organization.

97 (e) The Commissioner of Social Services shall establish a fee
98 schedule, to be effective from July 1, 2006, to July 1, 2008, for dental
99 services provided under the HUSKY Plan to children under the age of
100 thirteen. The schedule shall provide for a fee for each dental service
101 that is equal to seventy per cent of the average insurance
102 reimbursement for such dental service in this state.

103 (f) The Commissioner of Social Services shall evaluate whether the
104 fee schedule established pursuant to subsection (e) of this section
105 results in improved access to oral health care for enrollees under the
106 age of thirteen and shall submit a report of the evaluation, along with
107 any recommendations, not later than December 31, 2007, to the joint
108 standing committees of the General Assembly having cognizance of
109 matters relating to human services and public health, in accordance
110 with the provisions of section 11-4a.

111 Sec. 3. Section 20-113b of the 2006 supplement to the general statutes
112 is repealed and the following is substituted in lieu thereof (*Effective July*
113 *1, 2006*):

114 (a) Any person who practices dentistry for no fee, for at least one
 115 hundred hours per year at a public health facility, as defined in section
 116 20-126l, as amended, and does not otherwise engage in the practice of
 117 dentistry, shall be eligible to renew a license, as provided in subsection
 118 (a) of section 19a-88, as amended, without payment of the professional
 119 services fee specified in said subsection (a).

120 (b) Any person licensed under this chapter who provides dental
 121 services to Medicaid recipients for at least one hundred hours per year
 122 shall be eligible to renew a license, as provided in subsection (a) of
 123 section 19a-88, as amended, for a fee of two hundred twenty-five
 124 dollars.

125 Sec. 4. (NEW) (*Effective from passage*) Not later than January 1, 2007,
 126 the Department of Public Health shall appoint a community oral
 127 health coordinator for each region of the state with few or no programs
 128 designed to expand dental services to populations that have limited
 129 access to dental care. Community oral health coordinators shall be
 130 responsible for helping parents or legal guardians secure dental care
 131 for children residing in such regions who have been identified as
 132 needing dental care by a school nurse, or in the absence of such nurse,
 133 any other nurse licensed pursuant to the provisions of chapter 378 of
 134 the general statutes, including a nurse employed by, or providing
 135 services under the direction of a local or regional board of education at,
 136 a school-based health clinic.

This act shall take effect as follows and shall amend the following sections:

Section 1	<i>from passage</i>	17b-282b
Sec. 2	<i>from passage</i>	17b-296
Sec. 3	<i>July 1, 2006</i>	20-113b
Sec. 4	<i>from passage</i>	New section

Statement of Purpose:

To increase the reimbursement rate for dentists who provide dental services under the state's medical assistance program or the HUSKY Plan and to improve access to oral health care.

[Proposed deletions are enclosed in brackets. Proposed additions are indicated by underline, except that when the entire text of a bill or resolution or a section of a bill or resolution is new, it is not underlined.]